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AUTHOR Zavaleta, Antonio N.; And Others
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ABSTRACT

This issue of the Hispanic Research Center's journal contains three articles which explore diversity among Hispanic American groups (Puerto Ricans, Cubans, and Mexicans) in health status, family structure, and socioeconomic characteristics. In the lead article, "Variations in Hispanic Health Status," Antonio Zavaleta examines differences in demographic characteristics, socioeconomic status, mortality and morbidity, maternal and child health, children's physical growth, and mental health among the groups. He suggests that, in general, those in the lower socioeconomic sectors of Hispanic populations have the poorest health status, regardless of the subpopulation from which they originate. In the second article, "Family Structural Diversity of Hispanic Ethnic Groups," Douglas Gurak describes the diversity in age structures, marital patterns, household composition, fertility, outgroup marriage, and the extent of assimilation into mainstream society among Hispanic groups. He maintains that regional variations in group characteristics suggest that differences in environments, the social processes that influenced settlement in particular areas, and diverse characteristics of the members of a group interact to produce distinct group outcomes. Finally, in "Socioeconomic Patterns and Diversity among Hispanics," David Alvirez compares the demography, educational attainment, employment status, and income levels of three major Hispanic groups and non-Hispanic groups, and suggests that data reported on Hispanics under one board category tend to underestimate the poorer positions of Mexicans and Puerto Ricans relative to Cubans in the United States. (MJL)

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"Variations in Hispanic Health Status," by
Antonio N. Zavaleta

"Family Structural Diversity of Hispanic Ethnic
Groups," by Douglas T. Gurak

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RESEARCH BULLETIN

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HISPANIC AMERICAN DIVERSITY

THE HISPANIC RESEARCH CENTER has long recognized the need to study Hispanic populations in their diversity. Recent research has established the importance of directly confronting the issue of Hispanic diversity in order to avoid stereotyping Hispanic groups into one homogeneous category. The Hispanic populations of the United States differ from one another in terms of socioeconomic status, residential settlement patterns, migration streams and other important dimensions such as the degree and type of outgroup marriage. However, Hispanic diversity has been almost totally ignored in current analyses of the issues and problems of Hispanics in the United States.

In order to focus attention on Hispanic diversity, the Hispanic Research Center devoted its July 1980 issue of the **Research Bulletin** to two articles on the subject. One, entitled "Hispanic Diversity in New York City," by Douglas T. Gurak, HRC Research Associate, and Lloyd H. Rogler, Director of the HRC, presented an overview of the socioeconomic characteristics, social welfare problems and assimilation of Hispanic groups in New York City. The second article, "Hispanic Migrants in New York: Work, Settlement and Adjustment," by Douglas T. Gurak and Lloyd H. Rogler, detailed the outline of an ongoing HRC research project which is investigating several aspects of the social and economic life of recent Hispanic immigrants to New York City in order to provide data on Dominicans, Colombians, Ecuadorians, Peruvians, and other Latin Americans.

In keeping with its commitment to the study of Hispanic diversity, the Hispanic Research Center became interested in a meeting entitled "Symposium on Hispanic American Diversity," sponsored by the Department of Education of the State of Michigan and the Michigan Cultural Resources Center of Michigan State University, on March 14 and 15, 1981. The symposium's objective was to produce baseline background information for use in the development of special education assessment models for Hispanic students. With the permission of the sponsors, the Hispanic Research Center presents its readers with edited versions of three of the papers presented at the symposium in order to further discussion on the issue of the extent of Hispanic diversity in the United States.

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THE READER WILL NOTE that this is a double issue of the RESEARCH BULLETIN, larger than its usual size of 12 pages, in order to present three valuable articles on Hispanic diversity.

VARIATIONS IN HISPANIC HEALTH STATUS

Antonio N. Zavaleta, Ph.D.
Director, South Texas Institute of Latin and Mexican American Research
Texas Southmost College
Brownsville, Texas

HEALTH AS A CONCEPT is highly dependent upon culturally influenced attitudes and beliefs. Therefore, within general limits, populations with divergent sociocultural backgrounds will have differing attitudes on health. One should assume that for Island born and raised Puerto Ricans living in New York City, health fits into a sociocultural and sociopsychological construct divergent from that of non-New York City American-mainland born and raised Puerto Ricans, and worlds away from that of Mexican-born Mexican Americans residing in the Lower Rio Grande Valley of Texas. Thus, any examination of health status of a population must examine as many of the interrelated and interdependent variables as possible. In this paper we will discuss several major variables such as socioeconomic position of the different Hispanic groups, mortality and morbidity, maternal and child health, the physical growth status of the Hispanic child, and mental health.

Demographic Profile

The majority of Hispanics in the United States are concentrated in ethnically specific pockets or enclaves. Puerto Ricans, for example, reside principally in New York, New Jersey, and Pennsylvania, while Cuban Americans are principally concentrated in Florida, with a large number living in and around New York City. Although Central and South Americans have also historically resided in New York City, recent political turmoil in the Central American countries has sent a small but steady stream of refugees

through Mexico into the U.S.-Mexican border states, mainly Texas. Mexican Americans are principally concentrated in the five Southwestern states and in the Midwest.

Given that a large percentage of Hispanic Americans are either immigrant (foreign born) or second generation (native born of foreign-born parents) residents in this country, migration plays a powerful role in the complex patterns of Hispanic health status. Puerto Rican and Cuban populations have the highest proportion of immigrants relative to the total mainland population, while the Mexican American population is predominantly native born, except along the United States-Mexico border.

Although all three Hispanic populations are clustered in urban or metropolitan areas, Puerto Ricans have the highest percentage of inner-city residence. Mexican Americans, long considered a rural population, no longer fit that stereotype, since the overwhelming majority reside in the metropolitan areas of the Southwest and Midwest. While the highest percentages of physicians and health care delivery systems are located in urban areas, Hispanic populations residing in enclaves often find themselves cut off from access to primary and preventive health care services.

In general, the Hispanic population is very young, with median ages well below that of the non-Hispanic origin population. Cuban Americans are the only exception, with a median age higher than that of the general population. The low median age for Hispanics in general is due principally to the high birth rates in the Mexican American and Puerto Rican populations.

The educational achievement of Hispanics, with the exception of Cubans, is generally lower than that of the general non-Hispanic origin population. School dropout rates for Mexican American and Puerto Rican children reach alarming proportions in many areas of the country. As a result of low educational achievement, Mexican Americans and Puerto Ricans have not been able to attain economic power and, therefore, hold low skill jobs and experience high rates of underemployment and unemployment. Consequently, the median income for male Hispanics is considerably less than that for non-Hispanic males. The differences in income between Hispanic and non-Hispanic females are of a lesser magnitude but nevertheless still present. Therefore, more Hispanics fall into the bracket of poverty than non-Hispanic populations.

Cuban Americans seem to be less affected by this poverty situation than are either the Mexican Americans or Puerto Ricans. In addition, there seems to be more socioeconomic variability within the Mexican American population than in the Puerto Rican, with more occupational and economic opportunities existing for the Mexican American in the Southwest than for the Puerto Rican in the inner city of New York or Philadelphia. Thus, Mexican Americans seem to have a more evident and rapidly emerging middle class than Puerto Ricans who clearly suffer the greatest degree of underprivilege.

Demographic characteristics are critical in identifying potential health problems of a population. For example, Mexican American populations may be viewed from a number of different demographic models including an urban vs. rural perspective, the standpoint of generations in the United States, an acculturative or assimilative framework, and so on. Puerto Rican populations, for example, present many situations not common to the Mexican Americans. Cuban Americans and other Hispanic American subgroups add further to the complexity, each a product of their own socioeconomic, political, and historical milieus. Thus, the vast diversity of human populations demonstrates the need for specifically designed statements on health status as opposed to the common practice of making generalizations based on large heterogeneous groups.

In summary, the demographic examination of Hispanic American populations reveals characteristic patterns of a people with a high level of immigration who settle in urban metropolitan areas, often in ethnic enclaves. For the most part, they are a very young population, with a high birth rate, a low level of educational attainment and, as a result, work in low skill jobs, receive low wages and experience high rates of under- and unemployment. A high percentage have only a very rudimentary command of spoken English, with few if any skills in written Spanish and English. They suffer from a high level of poverty and, therefore, the ill effects of marginality, including poor health status.

It is important to realize that this profile is at best an approximation, since the Hispanic population is noted for its variability. Large segments of the Mexican American, Puerto Rican, and Cuban American populations are rapidly establishing themselves educationally and economically, so that in each generation more and more Hispanics move into policymaking positions that affect the future of even more Hispanics coming along behind them. Therefore, immigration poses the biggest single obstacle to the overall improvement of this population. In other words, the rate at which Hispanics enter into the Hispanic American population far outstrips the ability of the "established" Hispanic American population and its support systems to achieve economic power and a significant improvement in the major demographic indicators. When the population is examined differentially, however, dramatic improvements over the previous generations are immediately obvious. This is why the Hispanic and all populations with high degrees of variability must be studied from the micro level, since macro-focused studies often mask the most fundamental origins of problems in a population.

Hispanic Mortality and Morbidity

A major health status indicator is mortality. The importance of the relationship of death to health status of a community is clearly seen when death is viewed as the eventual outcome of disease conditions and lack of, or poor quality of, health care. This view does not take into consideration the fact that poor populations have a higher incidence of death from non-disease sources such as accidents and homicides. Mortality is inextricably tied to health care as well as to the economic and social characteristics of the people affected; therefore, it is now considered more adequate to supplement mortality profiles with those of morbidity.

All three major subpopulations of Hispanics have been shown to have high migration rates from their origin country, and since a large percentage retain close cultural ties with either Mexico, Cuba, or Puerto Rico, we will briefly examine the morbidity and mortality characteristics of the origin population before examining the patterns in the United States.

In the Pan American Health Organization's examination of health conditions in the Americas, 1969-72 death rates, expressed as the number of deaths per 1000 population, were presented for Cuba, Mexico, Puerto Rico, and the U.S. The rates for Cuba and Puerto Rico, 5.7 and 6.8 respectively, indicate favorably low death rates. By comparison, the rates for Mexico and the U.S. during the same time period were 9.0 and 9.4 respectively. Each rate in its own way has problems and should not be accepted without further examination. For example, the data for the U.S. probably represent the most methodologically correct figures and are seemingly high due to the higher differential mortality effect at the upper rather than the lower end of the age range in the U.S. Mortality figures for Mexico probably represent the least accurate figures of the four and are representative of a high mortality throughout the age range, that is, a high infant and child mortality as well as a low life expectancy. For this reason it has been suggested that mortality be examined differentially across age and sex, and that morbidity be included as a component.

When we examine infant and maternal mortality for the same countries the differential effect comes into sharp focus. In 1972, Cuba had approximately 28.7

infant deaths for every 1000 live births, while in Puerto Rico the figure was 27.1. Mexico had a rate of 60.9, roughly double the rate for the islands, while the infant mortality rate in the U.S. was only 18.5. Thus, while the U.S. and Mexican mortality rates appear to be similar at first glance, in reality mortality in the U.S. population is occurring at the upper end of the age range while in the Mexican population it is occurring primarily at the lower end.

Maternal mortality rates for the same countries reflect a similar pattern, with more women in Mexico dying from birth related problems, while the rates for Cuba and Puerto Rico are much lower, and those for the United States lowest of all. Infant and maternal mortality rates are powerful indicators of the health status of a community, since the very existence of a population depends upon their survival. Therefore, any population that manifests high levels of maternal and infant mortality is flying a warning signal that serious problems exist, usually economic in origin.

In general, the same patterns are present for morbidity and the leading causes of death. In Cuba, Puerto Rico, and the U.S. the three leading causes of death are identical and of similar magnitude, as measured by percentage of all deaths in any year. In Cuba and Puerto Rico, heart disease accounted for approximately 25 percent of all deaths, with the percentage in the U.S. higher, 39 percent. Malignant neoplasms or cancers accounted for approximately 18 percent of all deaths although in Puerto Rico it was somewhat lower, 14.1 percent. Ranking third was cerebrovascular disease or stroke, accounting for approximately 10 percent of all deaths in all three populations in 1972.

Mexico, however, had a very different pattern. In Mexico for 1972, influenza and pneumonia accounted for the highest percentage of deaths at 14.5, while enteritis and other diarrheal diseases ranked second with 14 percent of all deaths. Diseases of the heart, common in the developed areas of the world and highly correlated with death later in life, accounted for only 8 percent of all deaths in Mexico. The pattern of death by transmission of air and water-borne diseases in Mexico is highly related to general health status. These diseases kill people of all ages, but have particularly deadly effects in infants and children, as evidenced recently in the baby formula and polluted water controversies.

Since Hispanic Americans are a population with a high level of recent immigration and with close ties to their homeland, it may be assumed that the more recent one's immigration, the more critical the effects of poor health status and environmental conditions in the origin population will be on their present and future health status. In addition, the more recent their ties to the parent population the more tenaciously they will cling to cultural beliefs and attitudes about health and health care which may have been appropriate and adaptive in the prior cultural setting, but now may possibly have a deleterious impact on their ability to improve their health status in the U.S.

While diseases of the heart and malignant neoplasms are the top two ranking causes of death in both the total population and the Puerto Rican population in New York City, there is a dramatic difference between the third and fourth ranking killers of Puerto Ricans as compared to the total population of the city. Cerebrovascular disease and influenza-pneumonia rank third and fourth for the total population, but among Puerto Rican populations, cirrhosis of the liver and homicide and drug-related deaths rank third and fourth.

In Puerto Rican children under the age of 15, the leading cause of death is accidents, which is also the leading cause of death in the total child population, but the rate of death by accident for Puerto Rican children is significantly higher than for all children. Similarly, the other leading causes of death for Puerto Rican children in the city are approximately double the rates for the total population. This susceptibility is clearly due to their marginal position in the social stratification of the city and the physical and mental health problems resulting from poverty.

Comparison of Island maternal and infant mortality rates with those in New York City also produce interesting results. For the period 1970-76, the maternal mortality rate among Puerto Rican born women living in the city was 3.9, the same as the figure reported for Puerto Rican women living in Puerto Rico, but more than double the 1.7 rate for whites and lower than the 5.7 rate of non-whites. Important to note is the fact that the maternal mortality rate has been declining among the New York City Puerto Rican population, at a rate of 0.39 per 100,000 women per year over the period 1963-1976. This decline in the mortality rate in New York City is undoubtedly linked to the decline in infant mortality for the same time period. The appearance of neighborhood community health clinics and programs for women and infant child health have brought about positive improvements in Puerto Rican health status. During the early sixties, the rate for Puerto Rican infant mortality in New York City was approximately 28 to 30 per 1000 live births, approximately 50 percent above the rate for whites (about 20 per 1000 live births).

Like those of the Puerto Rican population, the patterns of Mexican American mortality and morbidity are highly variable and dependent upon economic, social, cultural, generational, and geographic influences. Unlike the Puerto Rican population which is largely concentrated on the East Coast, the Mexican American population is spread out in pockets through the five Southwestern states, the Midwest, Florida, and the Northwest. Because of this wider geographical variation, there are greater variations in the ethnic labels attached to persons of Mexican descent, ranging from strong affiliation along the U.S.-Mexico border to little or no affiliation in certain Midwest Mexican American populations. For example, ethnic identity also depends upon a population's length of residence in the U.S. and proximity to strongholds of Mexican American culture. Therefore, Mexican Americans living in Detroit or Chicago in heavily concentrated areas of Mexican Americans will retain more of their ethnicity than Mexican Americans who live in smaller communities away from culturally reinforcing population centers.

Since federal and most state and local reports on vital statistics fail to treat Mexican Americans as a separate group, one must draw for mortality and morbidity data on a few sources covering specific areas of the Southwest. The Colorado Commission on Spanish-surnamed citizens, for example, reported that while the five leading causes of death for the Colorado Spanish-surnamed population did not vary from those of the total population in Colorado, the rates of death for each killer varied dramatically between Spanish-surnamed and non-Spanish-surnamed populations. The three leading causes of death for the Spanish-surnamed population in Colorado – heart disease, cancer, and stroke – accounted for approximately 60.6 percent of all deaths in the non-Spanish-surnamed population, but only 38.3 percent in the Spanish-surnamed population. Accidents, influenza and pneumonia, and birth-related deaths, on the other hand, accounted for a total of 29 percent of deaths among the Spanish-surnamed but only 13 percent among the non-Spanish-surnamed.

In a study conducted in San Antonio, Texas, where Mexican Americans constitute 40 to 50 percent of the total population, it was found that the mortality rate for Mexican Americans in the early sixties was 5.4 per 1000, compared to 7.1 percent for Anglos and 9.7 percent for blacks. The lower crude death rate for the Mexican American population is misleading since an age-specific examination of rates reveals mortality for Mexican Americans to be much higher than for Anglos, except at the extreme upper end of the age range (75 years and over). The data here also show a time change, similar to that described for New York City Puerto Rican populations. In 1955 the infant mortality rate for

Mexican Americans was 38.8 per 1000 births compared to 23.7 for the Anglo population. Eight years later, the figures had dropped to 28.2 for the Mexican Americans and 21.3 for the Anglos. By 1975 the Mexican American infant mortality rate had continued to fall to 24.5 while the Anglo rate was lowered to 15.1. The recent availability of neonatal care facilities and community health clinics has dramatically helped to improve the health status of urban Mexican American populations, such as those in San Antonio.

Because mortality statistics only report ailments and conditions which have been fatal, they cannot present a total picture of health conditions. For example, when reported communicable disease rates are compared for Texas and South Texas counties containing high percentages of Mexican Americans, obvious differences in morbidity rates are apparent. For the years 1974-76, each reportable communicable disease (hepatitis, tuberculosis, aseptic meningitis, amebiasis, endemic typhus, infectious encephalitis, brucellosis, leprosy, typhoid fever, and diphtheria) with the exception of typhoid fever had higher rates in the heavily Mexican American areas of South Texas than in Texas at large. In the Mexican American border counties, the average rate for hepatitis (48.1) was 60 percent above the average rate for Texas (29.9). The average rate for tuberculosis in the heavily Mexican American counties was 56.5, some 205 percent above the 18.5 rate for Texas, while the average rate for amebiasis was 5.3, or 231 percent above the 1.6 rate in the state at large. It is not surprising that maps of the Texas counties with the highest percentage of Mexican Americans can be superimposed on maps showing the highest incidence of poverty and the highest rates of communicable diseases.

Since many more Mexican Americans are poorer than Anglos (by percentage of population) throughout the country, and since the illnesses and conditions associated with Mexican Americans are highly related to poverty, it is safe to say that higher morbidity rates among Mexican Americans are primarily an artifact of socioeconomic status and not of culture. Tuberculosis may be related to poor housing and poor nutrition. Diabetes mellitus is treatable and often controlled, but this usually requires physician care. Socioeconomic status may also explain the higher homicide rates among Mexican American men, as homicide is more likely to occur in low-income urban neighborhoods. The relatively high incidence of accidents among Mexican American men may be explained in part by the fact that they are more often employed in low paying and hazardous work.

Like the other poor Hispanic populations, Puerto Ricans and Mexican Americans suffer from a disproportionate share of chronic illnesses and death-related conditions and diseases. Nevertheless, both populations have made tremendous advances toward narrowing the gap between the rates for their respective populations and the majority populations. Socioeconomic status is clearly the most highly related factor affecting health status, although in some cases other factors, such as culture, complicate the attainment of health.

Nutritional Status

Since the health status of Hispanic Americans is highly related to socio-economic status, it would follow that where Hispanic populations suffer from low socioeconomic status, they would also suffer from poor nutritional status among their other complicating and related health problems. The Ten State Nutrition Survey, the U.S. Health Examination Survey, and the Preschool Nutrition Survey all noted a systematic relationship between small body size and low socioeconomic status within ethnic and racial groupings in the U.S. That is, children from higher socioeconomic levels in the U.S. were taller, heavier, and fatter.

The Mexican American population has a higher than normal incidence of hemoglobin-deficient blood compared to the nation as a whole, which seems to be related to a reduced protein intake especially during the growing years. The availability and quality of protein is directly related to socioeconomic status; therefore, poorer people will have a much greater difficulty in purchasing good quality protein food as part of the normal nutritional intake of their children.

Several regional nutrition studies concerning Mexican American populations have suggested low vitamin A levels in Mexican American preschool children of migrant workers in Colorado. Although the majority of nutrition studies conducted on Mexican American populations indicates a vitamin A deficiency, the Ten State Nutrition Survey noted an absence of vitamin A problems in Puerto Ricans in New York City.

The Ten State Nutrition Survey found that the mean nutrient intakes of Spanish American infants and children (0 to 36 months) was lower than that for whites, but similar to that of blacks. Puerto Rican infants in New York City had the lowest mean values. Both Mexican American and Puerto Rican children had iron intakes below the standard, the principal cause of nutritional anemia in the U.S.

The Ten State Nutrition Survey also identified several nutritional problems characteristic of Hispanic adolescents (10 to 16 years). Mexican American girls in Texas generally had median caloric intakes that approached or exceeded the median values of all adolescents, but it was suggested that low income Mexican Americans show a much higher percentage of carbohydrate, fat and overall caloric intake in their diets, adding to problems of obesity, diabetes, and hypertension. Both Mexican American and Puerto Rican adolescents had mean protein intakes lower than those for whites. In addition, Mexican American and Puerto Rican adolescents had mean calcium intakes lower than that of whites.

Nutritional intake of Hispanics 60 years of age or older was generally poorer in quality and quantity than that of aged whites. Of particular note was the fact that aged Puerto Rican women had iron, protein, and vitamin A intakes below adequate levels.

The Ten State Nutrition Survey also found that dietary intakes were generally lower for Mexican American and Puerto Rican families than for white. Of note was the fact that many Mexican American families reported no meat consumption in the 24-hour dietary recall, the low protein intake being most evident in adolescents. However, the highest intakes of legumes and nuts in relation to total caloric intake was in Mexican American populations, and thus constituted an important source of protein where animal protein was lacking.

In summary, the dietary and biochemical components of the Ten State Nutrition Survey clearly indicate that the nutritional status of Hispanics is poorer than that of whites but better than that of blacks. In addition, there were nutritional status and intake differences between Mexican Americans and Puerto Ricans, although both populations were generally below accepted standards.

In a study of the nutritional status of East Harlem Puerto Rican women and the outcome of pregnancy, it was found that women delivering stillborn infants and small-for-gestational-age infants had a lower nutrient and protein intake than women delivering either full-term or premature infants.

One final national survey of nutrition and physical growth performed in 1974 examined the status of women and infant children enrolled in the Special Supplemental Food Program for Women, Infants, and Children (WIC) administered by the U.S. Department of Agriculture. The program provides infants under one year of age with iron-fortified formulas, cereals, and fruit juices. One-to-three-year-old children and their mothers are provided with milk, eggs, iron-fortified cereals, and fruit juices. This supplement was designed to correct known inadequacies of iron, vitamin A and vitamin C in the diets of low income individuals nationwide. Included in the sample chosen for the study was a

predominantly Puerto Rican area in New York City and a predominantly Mexican American area in Texas. Together these two populations comprised approximately 42 percent of the total population sampled in the WIC study.

Results of the WIC study indicated that the average birth weight of infants and children enrolled in the program was about 25 grams less than standard. Of greater significance, however, the study found that participation in the supplementation program was associated with an increase in the rate of growth in weight and height of children in all age groups, thus demonstrating a clear relationship between socioeconomic, nutritional and physical growth, and general health status.

Physical Growth and Development

As a rule, Hispanic Americans do not suffer from the more notable clinical manifestations of severe malnutrition, those produced by extreme protein-calorie-vitamin deficiencies. Rather, they are chronically undernourished and suffer from a wide variety of poor health conditions precipitated by an increased susceptibility to illness. In addition, a low caloric, poor quality protein and vitamin deficient diet has deleterious and possibly long-lasting effects on physical growth status. Not only will Hispanic children affected by this pattern be short for their age, but they may more critically experience less than optimal growth and development of critical organs and tissues, specifically neurological organs and muscle tissue. There is sufficient evidence present in the literature to suggest that chronic undernutrition, especially in animal protein during the pre- and postnatal growing periods, is reflected in reduced neurological size and function. In addition, malnourished children have less muscle than well nourished children, a condition which may manifest itself in the inability to sustain muscular work and physical activity later in life.

To date no single growth study dealing with Hispanic populations has been large or representative enough to produce physical growth standards for the American Hispanic at large. The Ten State Nutrition Survey included growth data for small samples of Mexican Americans from South Texas and for Puerto Ricans, primarily in New York. In order to provide a basis of comparison with other populations in the Ten State Nutrition Survey and with the frequently cited Stuart-Meredith Standards, median or 50th centile values were presented for the "Spanish-American" population.

Throughout the age range of birth to 17 years, median values for Hispanic height fell below those of the Stuart-Meredith standard. For both males and females aged 0 to 3, the differences in height between the Hispanic sample and the standard were not as marked as during the remainder of the growing years. It is important to note that the Ten State Nutrition Survey found no significant difference in median values for height between Mexican American and Puerto Rican populations, although a more thorough study is needed to confirm this.

When Hispanic median weight values were compared to the standard, the comparative trends were similar to those for height. That is, although the values were more variable, median weight values for Hispanic children in all age groups and for both sexes tended to be slightly below the Stuart-Meredith standard. However, Mexican American children in Texas generally weighed less than either white or black children in the survey in general. The South Texas Mexican American population tends to have some of the most severe nutritional deficiencies in the Hispanic population.

The WIC nutritional survey, mentioned earlier, as well as local and regional growth studies on Hispanic children, reveals similar trends. For example, a large sample of Mexican American children from South Texas were found to be significantly shorter and lighter than American children from the general population.

The South Texas study included measures of arm circumference and triceps skinfold for the Mexican American population. The utility of arm circumference measurements in the anthropometric evaluation of nutritional status is based upon three possible applications: as an estimate of a deficit in the muscle protein reservoir; as an indicator of caloric stores in the form of subcutaneous fat; and as an indicator of growth status or growth failure. The Mexican American children in this study were found to have relatively smaller arm circumferences at every age for both sexes. Interestingly, these children were found to have triceps skinfold thicknesses equal to the standard values for American children described by the National Health Examination Survey for the childhood years and higher values during adolescence. The traditional Mexican diet of beans, tortillas, rice, and cooked vegetables, with occasional animal protein in the form of meat, would easily account for the low muscle circumference and high triceps skinfold thicknesses found in that U.S.-Mexico-border population.

Physical growth status also serves to determine the presence or absence of a secular increase in height and weight in a population over time, which is directly related to health status. Data are available for Mexican American populations in the Southwest spanning at least 50 years. One study found statures and weights in four samples of Mexican American children in Texas, measured during the 1929-1972 period, to evidence some secular trend. Although there were no secular increases in the statures and weights of 6-year-old children, and only a small increase in 8-year-old children, there was a larger secular increase at 10, 12, 14, and 15 years of age. The magnitude of the secular trend per decade, however, is considerably smaller than rates for U.S., black, white, European, and Japanese children. The estimated rates of secular change in stature for Mexican American children were found to approximate about one-fourth to one-half of the generalized rates for the European and North American children used for comparison.

The preceding discussion would seem to suggest the existence of a synergistic interaction between marginal nutritional status and low socioeconomic status, an interaction which operates as an important factor limiting the secular trend in the growth of Mexican American children in Texas and in the Southwest. Although data are not yet available for other Hispanic populations, secular trends for Puerto Rican populations, for example, are not expected to be significantly different from those of Mexican Americans. Clearly, Hispanic American populations consistently fall below the accepted standards for height and weight of American children. There is evidence, however, to suggest that recent improvements in health status as evidenced by reduced childhood illness and improved nutritional status have brought about significant improvements that are quantifiable by the examination of secular trends in height and weight. Finally, it is still not known to what extent Hispanic American adult height is influenced by genetic factors.

Migration Stress and Mental Health

So far, this examination of Hispanic health has included only select primary indicators of physical or medical health status. No examination of general health status could be complete, however, without some mention of mental health status. In Hispanic populations, mental health problems are highly related to the stress of immigration and social maladaptation.

The various Hispanic subpopulations originate from cultures which have very specifically developed mechanisms for dealing with potentially disruptive behavioral situations in their respective populations. Problems arise, however, in that, with few exceptions, contemporary Hispanic American populations do not live and work in situations that reflect their former cultural adaptations. As has been described, Hispanic Americans occupy the bottom rungs of the American

socioeconomic ladder and, as such, they are subjected to the compounding effects of socioeconomic marginality and alienation. The result is a higher rate, and possibly more severe effect, of socio-psychological problems leading to an overall reduced mental health in the population.

One study which reviewed the mental health literature dealing with Hispanics clearly established that ethnic minorities and especially poor minority group members receive less health care and a poorer quality of care than the general population, thus contributing to their mental health problems. Not only are they among the most underserved populations in the U.S. in mental health services, but Hispanic Americans experience a disproportionately high rate of mental health related problems, thus evidencing a greater need for such services. When we consider that until recently, few culturally sensitive treatment modalities were available for Hispanic Americans, the seriousness and magnitude of mental health problems in this population can be seen.

A large amount of the Hispanic mental health literature deals with the under-utilization of mental health facilities by Hispanics. Several studies have pointed out the most likely reasons for such under-utilization: poor communication skills in English; the poverty cycle, including limited education and lower income; the survival of traits from a rural agrarian culture which are relatively ineffectual in an urban technological society; and a context of hostility and prejudice.

Several authors have suggested that Hispanic Americans who have symptoms of mental health problems are typically treated for the symptoms of stress, anxiety and depression with medication only. Medication alone, however, although making the patient "feel better," does little to help the patient cope with the actual stress-producing conditions. Thus, Hispanic Americans are rarely referred to treatment which is socioculturally supportive in dealing with the origins of stress.

Clearly, the improvement of Hispanic mental health status will be dependent largely upon incorporating Hispanics into the mainstream of contemporary socioeconomic life and by developing class and culturally sensitive treatment modalities for Hispanics. Treating the problem at its origin is the most desirable and ultimately most effective way to improve Hispanic mental health status.

Summary

This paper has attempted a brief overview of variations in Hispanic health status. In general, lower socioeconomic sectors of the Hispanic populations suffer from the poorest health status irrespective of the subpopulation from which they originate. Conversely, Hispanics from higher socioeconomic sectors of society demonstrate characteristics of an overall better health status.

Contemporary Hispanic populations suffer from a disproportionately high rate of poor health relative to the general population. For the most part, patterns of poor Hispanic health have been brought with Hispanics from their homelands; however, socioeconomic marginality has aided in the maintenance of these patterns of poor health status in the United States. Little or no effort on the part of the majority health care delivery system has been made to develop and implement socioculturally sensitive and appropriate health care delivery systems for Hispanics. Therefore, Hispanic health status may be improved in two ways: by improving the socioeconomic situation of Hispanics to the point that health care becomes available and affordable and by developing and implementing appropriate health care delivery systems. The solution is, of course, to improve the socioeconomic status of Hispanics even though the most realistic and immediate solution is to design appropriate health care delivery systems. The socioeconomic and health problems of Hispanics have yet to be worked out; meanwhile, Hispanics continue to suffer the effects of social marginality, poverty, and poor health status.

FAMILY STRUCTURAL DIVERSITY OF HISPANIC ETHNIC GROUPS

Douglas T. Gurak, Ph.D.
Senior Research Associate, Hispanic Research Center
Fordham University, Bronx, N.Y.

A Hispanic can be described as a person who was born in an Hispanic country or Spanish-speaking society, or whose ancestors were so born. Within this broad category, the continental United States contained close to 15 million Hispanics in 1980. More detailed tabulations from the Census Current Population Survey indicates that 60 percent were of Mexican origin, 14 percent of Puerto Rican origin, 7 percent of Cuban origin, 7 percent of Central or South American origin, and 11 percent were classified as other Spanish (U.S. Census, 1979). Approximately another 3.2 million Hispanics reside in Puerto Rico. The history and timing of the migrations and settlement processes which brought these populations to the United States are strikingly diverse, as are the societies from which these Hispanics came.

Mexicans constitute a multigenerational community with a history of settlement in the United States which predates U.S. control of the Southwest where they are primarily concentrated. Puerto Rico is a part of the United States and, consequently, Puerto Ricans are citizens of the United States who have nevertheless experienced many of the problems of other migrants between cultures despite the lack of legal barriers. The mainland Puerto Rican second generation is still heavily weighted toward the early stages of the life cycle, so the migration experience impacts on Puerto Rican life more than on Mexican life. Cubans are overwhelmingly a first generation population with a significantly higher proportion of middle-class individuals than is to be found in the other two groups. Their migration has political roots and has been assisted in several direct ways by the U.S. government. Their migration and integration experiences differ considerably from those of the Mexicans and Puerto Ricans. Cuba and Puerto Rico are Caribbean societies with long histories of slave plantation agriculture. Mexico is a large country with a long history of independence and a large Indian population. The migrations of each group, therefore, have been from distinct societies and cultures, and have taken place at different points in history, for different immediate reasons, from different sectors of each society, and to different parts of the United States.

It would be reasonable to assume, therefore, that considerable between-group heterogeneity characterizes Hispanic ethnic groups in the United States. This diversity is probably greatest in the areas of socioeconomic resources and attainment; however, we should also expect diversity in the ways in which these groups form, maintain, and reproduce the basic unit of the family. This report provides a brief overview of the extent and nature of this diversity of family structure among Mexicans, Cubans, and Puerto Ricans in the United States.

Parameters of Diversity and Data Utilized

Numerous dimensions of family structure could be used to describe the parameters of diversity among Hispanic ethnic groups in the United States. This report relies heavily on dimensions for which we have fairly good data, and largely ignores other dimensions that have not been studied in the comprehensive manner that would permit systematic comparisons of the groups in question. The areas to be described are: age structure and generational distribution, marital status and household composition, female-headed families, family size and fertility patterns, variations in the determinants of fertility, and marital selectivity.

Several sources of data are utilized to provide an overview of the diversity of family structure among Hispanic ethnic groups in the United States. The basic source is the 1970 census special report on Hispanics (U.S. Census, 1973). This resource is supplemented by the detailed report on Hispanics based on the March 1979 Current Population Survey (U.S. Census, 1979). Marriage record data for New York City and for most of the United States are also utilized. In addition to the published data from the 1970 census, several aspects related to marital patterns and fertility are analyzed by means of Public Use Sample data from that census. While most of the analysis focuses on the entire continental United States, regional patterns are also examined.

The Family Context: Age and Generational Distributions

While age structure and generational distributions may not appear to be central dimensions of family structure, both affect family formation processes in very direct ways. First, migration influences age structure through the very strong tendency for migrants to be between the ages of 15 and 40. Age structure anomalies can affect marital patterns since slight sex imbalances at given ages can depress the marriage rate or increase the proportion of one sex to another that remains unmarried or fails to remarry, or marries outside of the national origin group. Among native-born individuals age structure differences among groups reflect the extent of certain differences in the history of those groups. Second, as the proportion of first generation individuals increases, the probability that individuals and their families experience migration-induced stresses such as separated kin units or acculturation and adjustment problems increases.

Mexicans, Puerto Ricans, and Cubans have distinctive age structure patterns. The median ages of Mexicans (21.1) and Puerto Ricans (19.9) are far lower than those of non-Hispanics (30.4), while that of Cubans (36.3) is considerably higher. The reasons for these differences are complex. Basically, the low Mexican average reflects that group's high fertility. The low Puerto Rican average is due more to the relative recency of their "immigration" than to high fertility; that is, the Puerto Rican second generation consists overwhelmingly of recently born individuals. The high Cuban age results from the fact that 82 percent were immigrants and from the group's markedly low fertility rate.

There is also a marked difference in the "generational age" of these three Hispanic groups. Only 18 percent of Mexicans were immigrants, while 55 percent of Puerto Ricans were migrants from Puerto Rico, and 82 percent of Cubans were immigrants. This, however, should not be misinterpreted. In absolute numbers, Mexican immigration was larger than that of Cubans or Puerto Ricans. However, immigrants constitute a smaller proportion of the Mexican population in the United States and their traits and problems influence the total Mexican situation to a correspondingly smaller degree. The 1979 population figure for Cubans does not include the recent influx of 130,000 Cubans from Mariel. This influx of refugees will further exacerbate immigration-induced strains within the Cuban family.

The relevant importance of recent immigration to the family situations of Puerto Ricans and Cubans, but not for Mexicans, is reflected in their age structure. Among Mexicans, the median age of males (20.9) and females (21.3) are approximately equal. For Puerto Ricans, females are an average of 4.4 years older than males. Cuban women are 5.6 years older than Cuban men. Given the importance of the norm that husbands be older than wives, these differences clearly have had an impact on marital patterns which will be examined below. The age differentials result from a higher tendency for women to migrate to the United States and, among Puerto Ricans, a higher tendency for women to remain in the United States.

Basic Marital and Household Composition Patterns

As was indicated above, age structure differences reflect past migration and fertility events as well as current and future events. One expectation would be a higher non-marriage rate for Cuban and Puerto Rican women than for Mexican women. A second expectation would be that the first two groups would have higher outgroup marriage rates. We examine the first point here and defer the second point to later in this report.

The 1970 Census data do not support the expectation of group differences in the proportion never married. The Cuban never-married proportion is the lowest (25 percent). This difference reflects the older age structure of Cuban women which weights their overall distribution with women who have more time to get married for the first time. CPS data for 1979 indicate an increase in the proportion never married among Puerto Rican males and females and among Cuban males. These increases could be related to the migration phenomenon, but they probably reflect the general societal tendency toward postponed marriage, a tendency which does not appear to be occurring among Mexicans.

Within another dimension of marital patterns a clear group difference does emerge. Among women aged 25 to 34 in 1970, Puerto Ricans are markedly more likely to be separated, widowed or divorced than other Hispanic women. Twenty-one percent of Puerto Rican women in that age group were separated, widowed or divorced, while only 9 percent of both Mexican and Cuban women fell in this category. The other side of the coin is to be found in the proportionately lower percent of Puerto Rican women who were married and living with their spouses: 66 percent as compared to 76 percent for Mexicans and 75 percent for Cubans.

The above data point to one important potential consequence: Puerto Rican women are more likely to be heads of household than are other Hispanic women. And, this is indeed the case. In 1970, 24 percent of Puerto Rican families were female-headed as compared to 13 percent for Mexican families and 12 percent for Cuban families. By 1979, the Puerto Rican female headship rate had soared to 40 percent while the Mexican and Cuban rates had increased only slightly. This high rate of female headship is difficult to explain, but some of its consequences are clear. First, the very low average family income of Puerto Ricans is closely related to the high proportion of single parent households, as well as to the low rate of economic activity of Puerto Rican women. One direct family consequence is that only 65.1 percent of all Puerto Rican children under the age of 18 were living with both parents in 1970; this percentage was undoubtedly lower in 1979. Comparatively, 80.2 percent of Mexican children and youth and 83.9 percent of Cuban children and youth were residing with two parents.

There is, however, a further and unexpected difference. Among Mexican and Cuban families in 1970 and 1979, female-headed families had fewer own children than husband-wife families. Among Puerto Ricans, the opposite occurs. In 1979 Puerto Rican husband-wife families had an average of 1.52 own children residing with them. Female-headed families had 1.91 children – 26 percent more. The 1970 data indicate that

this pattern holds for children under the age of six, though it is more pronounced when all children under the age of 18 are examined. Consequently, the distinct Puerto Rican pattern cannot be attributed to the possibility that Puerto Rican female family heads are older than Mexican and Cuban heads. The explanation must lie in the process through which a family comes to be headed by a single parent and in the related issue of child custody by other relatives including spouses. It may also be related to fertility behavior differences of women who are heads of families.

Thus far we have seen that Hispanic diversity in family structure is limited to a distinctive Puerto Rican pattern. While the Puerto Rican pattern warrants careful research and policy sensitivity, marked differences also delineate Cubans from Mexicans as well as each of those groups from Puerto Ricans. This can be seen clearly, for example, within the area of household composition. Cuban households are most likely to contain individuals who are relatives of the head other than spouse or children. In 1970, 10.9 percent of the individuals in households headed by Cubans were other relatives of this type. For Puerto Ricans, the corresponding figure was 5.2 percent; and for Mexicans, 5.8 percent. The differences for non-relatives, however, were quite small; for 1970, 12.5 percent of Cuban household members were individuals other than spouse or children; the figures for Mexicans and Puerto Ricans were 7.2 and 6.6 percent respectively. These differences had narrowed somewhat by the time of the March 1979 Current Population Survey indicating that the Cuban pattern resulted from the recency of Cuban immigration and that more normal settlement patterns were emerging with the passage of time. Nevertheless, the influx of over 130,000 Cuban refugees in 1980 has almost certainly reversed that trend. No data on this possibility will be available until the March 1981 Current Population Survey is processed.

Outgroup Marriage among Hispanic Ethnic Groups

It would be misleading to talk about the structure of the family of specific Hispanic groups without considering the boundaries which separate these groups from each other and from non-Hispanics. For most immigrant groups in the United States, outgroup marriage rates in the second, third, and subsequent generations have been quite high. For most Hispanic groups this pattern appears to be repeating itself. Outgroup marriage has meaning at different societal levels. High rates of intermarriage cannot occur unless contact at many levels of social life (occupational, residential, educational; at primary as well as secondary levels of social interaction) has become routine. Consequently, high rates of intermarriage reflect the process of decreasing social distance among ethnic groups. At the family level, intermarriage will tend to be related to changes in norms and role behavior; however, research on how this comes about is lacking.

Available marriage record data indicate that outgroup marriage by the second generation is quite common. Although data which permit a more complete national picture of intermarriage are lacking, we do have the results of an in-depth analysis of all marriage records involving first or second generation Hispanics in New York City in 1975. These data describe the intermarriage patterns of 27,712 Hispanics in the city with the largest and most diverse Hispanic population in the United States. Of these individuals, 55.8 percent were Puerto Ricans, 18.8 percent were South Americans, 13.1 percent were Dominicans, 8.1 percent were Mexicans or Central Americans, and 4.2 percent were Cubans.

The tendency for Hispanics to marry within their own national origin group varied considerably for the five Hispanic groups. While only 29.5 percent of Puerto Ricans married non-Puerto Ricans, 56.1 percent of Central Americans and 63.4 percent of Cubans married outside their groups. Only Dominicans approach the low Puerto Rican exogamy level but their rate (37.9 percent) is considerably higher. Because outgroup marriage rates are generally higher in the second generation, the low Puerto Rican outgroup marriage rate is all the more surprising because it obtains despite the relatively large size of the Puerto Rican second generation. While generational status is positively related to outgroup marriage for four of the groups, it is unrelated to outgroup marriage for Puerto Ricans. The second generation outgroup marriage rates for non-Puerto Rican Hispanics range from 75.7 for Dominican brides to 95.2 percent for Central American grooms, while those for Puerto Rican grooms and brides are 27.7 and 30.2 percent respectively. Some of the higher outgroup marriage rates of the non-Puerto Rican Hispanics are due to the small absolute size of these groups. However, size does not completely account for the low Puerto Rican rates. The second generation exogamy rates for the non-Puerto Rican Hispanic groups are high even when compared to European origin ethnic groups, while those of Puerto Ricans are relatively low. Hispanic brides tend to have higher outgroup marriage rates than males in both generations.

For those Hispanics who are marrying outside of their own groups, who are they marrying? Puerto Rican and Dominican brides and grooms have the highest rates of endogamy and the lowest rates of intermarriage with third generation Americans and other non-Hispanics. The rate of intermarriage with third generation Americans is lowest for Dominicans. There is a high rate of intermarriage between Puerto Ricans and other Hispanics. This tendency is strongest for the brides of non-Puerto Rican Hispanic groups who evidence high rates of marriage with Puerto Rican grooms.

The Puerto Rican Situation: 1949 to 1975

What of change over time? Regardless of the current situation of a group, accurate assessment requires trend analysis. Any attempt to construct a long-term time series for these groups would founder on the problem of insufficient cases. For Puerto Ricans, data are available on their marriages in New York City in 1949 and 1959. The 1949 study was concerned only with the marriages of Puerto Ricans to non-Hispanics. Consequently, Hispanic intermarriages were excluded from both the numerator and the denominator of the exogamy rate. While this procedure presents no problems for an analysis at one point in time, it does create biases over a period of time to the extent that the rate of intermarriage of Puerto Ricans with other Hispanics has changed. If it can be assumed that there has been an increase of intermarriage between Puerto Ricans and other Hispanics, then it follows that the 1975 exogamy rates will be biased upwards in 1975. That is, the denominator would increase relatively more in 1975 than in earlier years with the inclusion of intermarriages involving other Hispanics while all numerators would remain the same.

The 1975 data provide reason to suspect that earlier assimilation patterns are not being replicated. While the 1975 exogamy rates for first generation Puerto Ricans are higher than those of previous eras, those for the second generation have gone down: from 27.4 percent in 1959 to 21.3 percent in 1975 for grooms, and from 33.1 percent to 20.7 percent for brides. Similarly, the generational differential has shrunk. These findings underestimate the trend reversal because the exclusion of Hispanic intermarriages from the denominator of the exogamy rate biases those rates upward more in 1975 than in earlier years. For example, the exogamy rate for non-Hispanics with all marriages as the denominator for second generation grooms in 1975 is 8.1 percent: the upward bias has to be stronger in 1975 because of the recency of the arrival of most non-Puerto Rican Hispanics. The analysis, then, indicates a need to seek explanations for the second generation Puerto Rican pattern.

How can we explain the low rate of intermarriage among second generation Puerto Ricans and their relatively large social distance from non-Hispanics? As noted, relative group size and concentration contribute to this pattern, but cannot totally account for it. The first possible explanation is the possibility that second generation Puerto Ricans may be experiencing a relatively greater emphasis on their ethnic identity than are members of the other Hispanic groups in New York. This emphasis would have to be increasing over time to assist us in explaining the trend toward reduced levels of second generation intermarriage among Puerto Ricans. The large size of the Puerto Rican population in New York may be contributing to the observed intermarriage patterns in several ways, such as the increased ability to provide institutional completeness and thus increased insulation from other groups. Puerto Ricans are distinct from the other Hispanic groups studied in that they are native-born citizens of the United States. This fact renders travel back and forth to the homeland easier for Puerto Ricans than for other Hispanics, and perhaps discourages the formation of commitments to permanent settlement. While this line of thought appears reasonable, its validity and relative importance, vis a vis other explanations, cannot be assessed with existing data.

Two additional lines of analysis deserve serious consideration because of their obvious relevance and the existence of supporting evidence. These explanations focus on residential and occupational segregation, and on the possible selectivity of the migratory patterns of Puerto Ricans. Recent studies indicate the existence of considerable residential segregation of Puerto Ricans in New York City. Douglas S. Massey (1979) found that the level of segregation between the Spanish language population and non-Spanish language white population was higher in New York than in any of the other 28 large urbanized areas examined. While the Spanish language category includes non-Puerto Rican Hispanics, the large size of the Puerto Rican population in New York in 1970 – the date of the census data used in the Massey analysis – indicates that their residential pattern dominates the index. Terry J. Rosenberg and Robert W. Lake (1976) documented some of the mechanisms of Puerto Rican residential segregation in New York, involving the simultaneous competition of poor Puerto Ricans with majority whites and with members of a larger minority–blacks. They argue that this three-way competition, along with the usual immigrant problems of low income and housing discrimination, strongly inhibits the assimilation of the Puerto Rican minority. Other investigators have noted the negative relationship between residential segregation and assimilation.

Thus, the residential segregation of Puerto Ricans, whether voluntary or forced, contributes to their low level of outgroup marriage. Nevertheless, the relative importance of this factor cannot be specified and it is unclear why this pattern is more severe for Puerto Ricans. Members of other Hispanic groups tend to be of higher occupational status and this factor may provide part of the explanation. First generation Dominicans are even less likely than Puerto Ricans to marry non-Hispanics and their occupational distribution is similar to that of Puerto Ricans: 55.4 percent of each group are employed in low status occupations, and 7.4 and 9.1 percent respectively are employed in high status occupations. Outgroup marriage for second generation Dominicans greatly exceeds that of second generation Puerto Ricans, and second generation Dominicans tend to be employed in higher status occupations. For example, while only 11.6 percent of second generation Puerto Rican males were employed in high status occupations, 20.5 percent of second generation Dominicans were. Given the small size of the Dominican second generation in 1975, these observations should be interpreted cautiously. Should the pattern persist as the Dominican population grows, then the search for explanations would have to focus on the reasons for the lower occupational status of Puerto Ricans.

The argument that economically better-off and more assimilated Puerto Ricans are relatively more likely either to leave New York or to settle initially outside of the city also receives some support. This line of reasoning is appealing because various Hispanic groups have very different settlement patterns both within the city and at the national level. Given these differences, and the implied differences in antecedent mechanisms, it should not be surprising to find differences in behavioral indicators such as intermarriage. New York City is the principal mainland settlement area for Puerto Ricans and Dominicans. While the numerical sizes of the other Hispanic groups are large, the city constitutes a relatively minor settlement area for them. For example, South Americans are well dispersed in the metropolitan U.S., and Cubans have a far larger concentration in Florida and New Jersey. Residential dispersion is associated with higher rates of intermarriage. In fact, the prevalence rate of outgroup marriage for second generation Puerto Ricans at the national level greatly exceeds the incidence rate observed for the second generation Puerto Ricans in New York City. Normally, prevalence rates are much lower than current incidence rates. It should be noted that differences in intermarriage rates might result from contextual differences among sites as well as from selective migration. For example, the economic situation of Puerto Ricans is worse in New York than in other metropolitan regions of the country. Whether this reflects selective migration or differential opportunities cannot be specified with existing data. The speculations provided here represent only a few of the possible explanations for the low intermarriage rates among Puerto Ricans. New investigations are needed to specify the social processes which are at work.

Fertility Differences and Variations in Determinant Processes

The three Hispanic groups examined in this report differ markedly from each other in terms of the number of children they have, their timing of childbearing and family formation, and in the way basic social characteristics and assimilation processes influence fertility levels. The data clearly indicate that Cuban women tend to have relatively few children (0.83 for women aged 15-24; 1.84 for women aged 25-34; and 2.06 for women aged 35-44). Puerto Rican women tend to have a moderately large number of children (1.42, 2.78, and 3.42 for each age group respectively); and Mexican women have a considerably large number of children (1.35, 3.13, and 4.53 respectively). First and second generation Mexican women have a greater tendency to continue having children after the age of 35 (though at a reduced rate) than do other Hispanic women who have generally completed childbearing by that age. A comparison of the data on the three Hispanic ethnic groups as well as on non-Hispanic, native-born whites with the fertility level of non-Hispanic native white women aged 35 to 45 (and with spouse present in 1970) shows that average Cuban fertility is approximately one child less than the native white level; Puerto Ricans have about one-third child more than native whites; and Mexican women have close to 1.5 more children than native whites and 2.5 more than Cuban women. Descriptive data on socioeconomic status factors and marital factors associated with fertility variations show that Cuban women are similar, though disadvantaged slightly, to native white women in terms of social status, but differ in terms of average age at marriage, tending to marry at an age several years older than native whites, Mexicans, and Puerto Ricans. In terms of social status, Mexicans and Puerto Ricans are considerably worse off than Cubans or native whites, though they are similar to native whites in terms of age at marriage. They are also similar in terms of the proportion of women aged 35 to 45 who

had been married more than once but were currently living with a spouse (14 percent for the last three groups and 10 percent for Cubans); however, only 68 percent of all Puerto Rican women aged 35 to 45 were married with spouse present. The corresponding figures for Mexicans, Cubans, and native whites are 76, 77, and 82 percent respectively.

A common explanation of fertility differences among ethnic groups has been that they are due to the effects of differences in basic social characteristics such as socioeconomic status, education, and age at marriage. Standardizing for group differences in these factors has different consequences for different groups. For Cubans and Mexicans, assuming their social characteristics to be the same as those of native white women does cause their fertility to converge toward that of native whites. This means a predicted increase of 0.28 children for Cubans and a predicted decrease of 0.37 children for Mexicans. This leaves a differential of 0.74 children between Cubans and native whites, one of 1.04 children between Mexicans and native whites, and one of 1.78 children between Mexicans and Cubans. Standardizing for basic social characteristic differences between Puerto Rican and native white women reduces the original fertility differential between them from 0.34 to 0.08 children. This is the only case where convergence occurs to the extent predicted though it clearly does occur to some extent for all groups.

If convergence in social characteristics cannot account for the fertility differences of Cuban and Mexican women with native whites, what can? The next logical level of analysis is to look for indicators of cultural or ethnic differences or distance. We have attempted this for Mexican women. Puerto Ricans were not included because the basic social characteristics explanation suffices for them. Cubans were excluded because of the insufficient number of cases among second generation women aged 35 to 45. In this analysis the same indicators of marital status and socioeconomic status as those used in the previous analysis are again employed. In addition, several indicators of assimilation or the movement away from the culture of the homeland are provided. These are: generation of residence in the United States, whether the woman lives in a neighborhood containing a large proportion of members of the same ethnic group, and two indicators of outgroup marriage (marriage outside of own group but to a spouse who is either a first or second generation member of an immigrant group or a member of some minority group, and marriage to a non-foreign stock white). These indicators of assimilation are powerfully related to fertility convergence: equally important to the socioeconomic factors. For the Mexican women, marriage to a non-foreign stock white is the single most important correlate of convergence to the fertility level of native whites. If the Mexican women had the social characteristics of native white women and a very high rate of intermarriage their fertility would approximate that of native whites.

In summary, the main point is not that assimilation is occurring. It appears to be, but at different rates for different groups located in different parts of the country. Rather the point is that assimilation operates as it would be expected to, given accepted theory. Furthermore, variations in this process characterize different Hispanic groups. For Puerto Ricans, fertility differences appear to be associated with the socioeconomic status differences: there is no need to directly consider indicators of cultural distance for this dimension of behavior. For Mexicans, their large fertility difference cannot be explained without reference to indicators of cultural distance. For Cubans, the situation is complicated by the predominance of the first generation. Much of their low fertility probably results from the concentrated disruptions caused by migration and resettlement. It should be noted that fertility levels of the three Hispanic groups are very high, those in Puerto Rico have been moderate, and those in Cuba have been relatively low (except for a brief increase in the 1960s following the revolution).

Conclusion: A Note on Regional Diversity

Mexicans, Puerto Ricans, and Cubans differ among each other in terms of marital patterns, age structure, generational distributions, female headed families, household composition, fertility, and assimilation mechanisms related to some of the above factors. The tendency to marry outside of one's group varies considerably by region. Cubans in Florida and New Jersey, where there are large concentrations, have much lower rates of outgroup marriage than do those that live in New York and elsewhere where their numbers are smaller and their settlement pattern is more dispersed. Similarly, Puerto Ricans in New York, their area of principal concentration, are considerably less likely to intermarry than those that reside elsewhere. And Mexicans in the Southwest are much more likely to marry others of Mexican heritage than are those that reside in other regions.

Several of the other factors analyzed in this report vary by region also. The percent of families headed by a female varies significantly across states for Puerto Ricans, moderately for Mexicans, and only minimally for Cubans. For Puerto Ricans in New York and New Jersey, the female head rates in 1970 were 28 and 21 percent respectively. They were only 15, 13, and 12 percent in California, Texas, and Florida respectively. The Mexican rate varied from 6 percent in Florida to 14 percent in California and Texas. The percent of evermarried individuals, aged 35 to 44 in 1970, who had ever been divorced or widowed varied from 12 percent in Pennsylvania to 22 percent in California to 29 percent in Florida for Puerto Ricans; and from 12 percent in New York to 19 percent in California for Cubans. It is clear that each environment, along with the social processes which led to and maintain the settlement of particular groups in a particular area, interacts with the characteristics of the diverse members of each group to produce distinct social outcomes.

While much of this report may seem to be making the argument that Hispanic ethnic groups from differing national origins are more different than they are similar, that is not the intention. A great many characteristics are shared in common by most Hispanics, not the least of these being a common language and the many cultural similarities engendered by the same historical events which generated that common language. The central point is that we cannot assume homogeneity along a range of important dimensions. Consequently, serious consideration definitely needs to be given for any policy or research initiative to the possible consequences of failing to take Hispanic diversity into consideration.

Spanish Language is Primordial for Hispanic Americans

Eighty-nine percent of 646 Hispanics interviewed in a nationwide study affirmed that their children should possess "a feeling of belonging to our religion and national traditions." Similarly, 81 percent of those interviewed stated that the Spanish language "is the most important aspect" of Hispanic culture and tradition which should be preserved.

The interviews were conducted for the Spanish International Network (SIN) by the firm of Daniel Yankelovich, Skelly and White, Inc.

The study revealed that 90 percent of the Hispanic adult population speaks Spanish and that over half of these people are bilingual. Only 10 percent speak English only or use it as their main language.

Approximately six out of every ten Hispanics view, listen to, or read a communications medium in the Spanish language. They were of the opinion that Spanish "is easier to understand" and that the Spanish-language media "understand the way of life I lead."

"Hispanic Americans are avid in their desire to preserve their ethnic identity and traditions," reported the study. "The majority view themselves first as Hispanics and second as North Americans."

— **El Diario-La Prensa**, July 5, 1981
(Paraphrased from the Spanish)

SOCIOECONOMIC PATTERNS AND DIVERSITY AMONG HISPANICS

David Alvirez, Ph.D.
Dean, School of Social Sciences
Pan-American University
Edinburg, Texas

Persons of Spanish origin are the second largest minority in the United States, now numbering over 12 million. Within the broad category of Hispanics are several distinct and culturally different ethnic groups linked together by their ties to Spanish colonialism. Each of these groups can be identified as a separate minority with its own problems and needs, but too often they have been treated as if all were one homogeneous group. Only in the last decade has serious attention been focused on groups comprising the broader category of Hispanics, and on the similarities and differences among them. This paper will examine the three major groups within the broader category – Mexican Americans, Puerto Ricans, and Cubans – in an attempt to increase our understanding of each, and thus permit better planning and implementation of programs aimed at meeting the particular problems each faces.

Problems in Trying to Define Different Hispanic Groups

Increasing awareness among post-World War II Hispanics, especially Mexican Americans and Puerto Ricans, regarding their minority status in this country has led to concern within the dominant society. In addition, increasing Hispanic militancy has led to attempts by the government, especially the U.S. Bureau of the Census, to provide reliable information about Hispanics. A brief review of the work of the U.S. Bureau of the Census in this area will make clearer the obstacles which had to be overcome to provide the profiles of different Hispanic groups which are now possible.

It was not until 1950 that the Census provided detailed information on Puerto Ricans and "Persons of Spanish Surname" for five Southwestern states: Arizona, California, Colorado, New Mexico, and Texas. The latter category, persons of Spanish surname, has generally been identified as Mexican American by most data users although the writer has been aware that some non-Mexican Americans are included while other Mexican Americans not of Spanish surname have been excluded. With few modifications, the Bureau of the Census followed the same procedure in 1960 in gathering data on Hispanics.

During the 1960s, Hispanics began to request more data from the government, resulting in improved coverage for the 1970 Census. Under the broad category of Persons of Spanish Heritage, the Bureau gathered some information on some Hispanics for the whole of the United States. In the three Middle Atlantic states, New Jersey, New York, and Pennsylvania, data were gathered on persons of Puerto Rican birth or parentage. This excluded persons of Puerto Rican heritage whose parents had been born in the mainland United States. Spanish language was used in the other 42 states outside the Southwest to identify Hispanics. All residents in a household where the head or wife reported Spanish Mother Tongue were counted as Hispanics. In the five Southwestern states, persons of Spanish language or Spanish surname were identified as Hispanics. With the exception of the limited data on Puerto Ricans in the three Middle Atlantic states, specific ethnic origin was not reported in published reports. Thus, there was more information in 1970 than had ever been available previously. However, the data were not comparable across the whole United States and minimum attention had been given to the identification of specific ethnic groups among persons of Spanish heritage.

A five percent sample of those surveyed by the 1970 Census was asked if one's origin or descent was Mexican, Puerto Rican, Cuban, Central or South American, or Other Spanish. A published special Subject Report based on this sample dealt with Persons of Spanish Origin. Since it was a small sample, the data were only available for the United States as a whole and some selected states and standard metropolitan statistical areas. Hence, there was much less information available than for the broader categories Persons of Spanish Heritage, blacks or whites.

After the 1970 Census and the release of the data, Hispanics and others interested in information about Hispanics began to raise more questions about the adequacy of the improved available data. One concern had to do with the undercount which can penalize different Hispanic groups in qualifying for Federal programs since one of the criteria for eligibility is the number of Hispanics in a particular area. Involved in this concern was the undocumented immigrant, primarily from Mexico, but also from other Latin American countries. Another concern had to do with the adequacy of the sample taken in 1970 and the weaknesses in the different identifiers used. The amount of information available from the sample was more limited than if all persons had been identified. The different identifiers themselves each had different weaknesses, and when one considered that they differed by regions of the country, their utilization became more limited. A third concern, related to the increasing ethnic consciousness among Hispanic ethnic groups, was a fear that the dominant society by throwing all Hispanic ethnic groups into one category was implying that Hispanics were a homogeneous group and hence could all be dealt with in the same manner. Hispanics felt that the substantive differences within the Hispanic population required different remedies. Finally, Hispanics, especially Mexican Americans and Puerto Ricans, felt that the available data and identifiers were being used to meet government goals or demands without necessarily benefitting the Hispanic ethnic group that was most deprived. At one level, the more advantaged Hispanic ethnic groups could be hired for "Hispanic" positions that were supposed to benefit the disadvantaged. For example, at a major state university, two of the directors for the Center for Mexican American Studies have been a Spaniard and a Mexican, both of whom were hired while a search was going on for a "qualified" Mexican American. At a different level, Hispanics were concerned that non-Hispanics were being identified as Hispanics for purposes of complying with affirmative action programs and the like. In California, for example, it was discovered that 45 percent of the "Hispanics" identified as such at the executive level of a major bank were misclassified, yet the bank claimed it was in compliance based on Spanish surname and Spanish origin criteria.

The U.S. Bureau of the Census, responding to these concerns, began to examine more closely the matter of how to best identify the Hispanic population and the different ethnic groups within it.

One result was improved coverage in the Current Population Survey. Since 1973, data have been gathered on a basis of self-identification with the following Hispanic choices provided: Mexican American, Chicano, Mexican, Mexicano, Puerto Rican, Cuban, Central or South American, and Other Spanish. For reporting purposes the first four categories were grouped under Mexican origin. Information by Spanish origin ethnic groups is provided annually in the report on Persons of Spanish Origin in the United States. Earlier reports provided information only on Puerto Ricans and Mexican Americans, but recently increasing amounts of information have been provided on Cubans and, to a lesser degree, on Central or South Americans.

An even more important result was the decision to include a Spanish/Hispanic origin or descent question on a 100 percent basis in the 1980 Census. Specific and detailed data will be available in the next couple of years on Mexican Americans, Puerto Ricans, and Cubans, as well as for the Spanish origin population as a whole. Furthermore, unlike the Current Population Survey, data will be available for small census divisions, including towns and counties, in areas where the size of the Spanish origin population warrants it. Once the 1980 data become available, anyone interested will be able to move far beyond the limits of this paper.

Source of Data and Limitations

Data for this paper were taken from the March 1978 Current Population Survey, the Spring 1976 Survey of Income and Education, and the 1970 Census. Selection of variables to be examined generally was limited to those for which data were available for all three groups being considered – Mexican Americans, Puerto Ricans, and Cubans. Comparisons were made with the rest of the United States where possible.

Several limitations will be fairly obvious. Because of the way the data are printed, most comparisons are with the non-Hispanic or the total population. Both include blacks who are even more disadvantaged than most Hispanics, and hence the position of Hispanics is distorted to that of white non-Hispanics. If comparisons could be made between Hispanics and white non-Hispanics, the relative position of Hispanics to the dominant population would be worse than what is indicated in this article. A second limitation is that data, with a few minor exceptions, are presented only for the United States as a whole. Thus, regional differences cannot be examined. Third, age and generational differences could not be presented in any detail. Fourth, the identifier for Spanish origin in 1970 is not the same as that used in 1976 and 1978, nor were the questionnaires administered in the same manner. Finally, the "Other Spanish" category, which totaled 1.5 million in 1978, seems to self-select persons who most people would consider to be Mexican Americans, Puerto Ricans, or Cubans, yet who seem to have a preference not to be identified with those categories.

Demographic Characteristics

Hispanics are a diverse group, with Mexican Americans comprising the largest group (59.4 percent of the total) and the group that has grown the most rapidly from 1970 to 1978 (57.8 percent). This is due both to high fertility and continued immigration from Mexico. They are concentrated in the Southwest, with little relative change from 1970 to 1978.

Puerto Ricans, with 1.8 million people, form the second largest group, while Cubans number 0.7 million people. Central or South Americans form an uncertain group which had an apparent decrease in population. However, the U.S. Bureau of the Census notes that this is probably due to a shift to one of the four Mexican origin categories and the replacement of self-reporting with direct interview. The Other Spanish category also creates problems because of the uncertainty concerning the persons so classified. For example, in New Mexico, 48 percent of the Hispanic population in 1976 identified itself as "Other Spanish," yet most persons outside of that state tend to think of its population as heavily Mexican American. Whatever their rationale, persons of Hispanic origin in New Mexico do not recognize their ties to Mexico, and hence are not included among counts of Mexican Americans in the Southwest. Until some of the problems with Central or South American and the Other Spanish identifiers are cleared up, it will be difficult to know who are the people enumerated and whether or not they have a contaminating effect on the three major Hispanic ethnic groups for which more detailed information is available.

While Hispanics constitute a relatively large population, they tend to be concentrated in a few areas of the country. Eleven states contain 90 percent of all Hispanics in the United States, with the largest numbers in California, Texas, and New York. Puerto Ricans are concentrated in the three Middle Atlantic states plus Illinois. Mexican Americans are mostly found in the five Southwestern states plus Illinois. Cubans live primarily in Florida, with New Jersey being their second major state of residence. In spite of this concentration of particular ethnic groups in particular states, one cannot equate the Hispanic population in any state with a particular Hispanic ethnic group. The closest one can come to identifying the Hispanics in a state with a particular ethnic group is in Texas and Arizona where over 90 percent of Hispanics are identified as Mexican Americans.

MIGRATION STATUS: In spite of continued immigration from Mexico, including the large influx of undocumented Mexicans in recent years, the majority of Mexican Americans enumerated have been born and raised in the United States. Half of them have lived in the same state all their lives and one-fourth have lived in another country, presumably Mexico. The question of why, given this pattern, Mexican Americans have not progressed more in this country will be discussed later.

Puerto Ricans and Cubans, on the other hand, are much more likely to have come from Puerto Rico or Cuba and, in the case of Cubans, have been the group most likely to have lived in a different state than the one they currently reside in. This may be indicative of the return movement of Cubans to Florida which has been recently noted.

PLACE OF RESIDENCE: All three groups are highly urbanized and concentrated in metropolitan areas of the United States, much more so than persons not of Hispanic origin. Puerto Ricans are primarily concentrated in the central cities of the metropolitan areas with all the problems that implies. Mexican Americans are the least likely to reside in a metropolitan area, but large numbers do reside in the smaller urban places outside of the metropolitan areas.

AGE: Mexican Americans and Puerto Ricans are a very young population, considerably younger than Cubans or persons not of Hispanic origin. The older Cuban population is the result of the influx from Cuba which has involved older people, many of whom were forced to flee for political reasons. Given the age differences, programmatic needs of Mexican Americans and Puerto Ricans are different from those of others in the population.

MARITAL STATUS: No outstanding differences exist between the different Hispanic ethnic groups, or between them and persons not of Hispanic origin. Mexican Americans and Puerto Ricans do appear more likely to be single, but this is probably a function of age where their younger population has not yet entered into marriage. Divorce appears to be

higher for Cuban and Puerto Rican females. The divorce rate of Mexican Americans, on the other hand, is little different from that of non-Hispanics, and does not lend support to the idea that the family unit is stronger among Mexican Americans than among non-Hispanics.

Educational Achievements and Non-Achievements

If we assume that one of the key variables to improved economic status in the United States is having an education, then clearly Mexican Americans and Puerto Ricans operate at a serious disadvantage when compared to Cubans and non-Hispanics. The different Hispanic ethnic groups are three to seven times as likely to have less than five years of schooling than non-Hispanics. While gains have occurred among the number graduating from high school, the completion rate for Mexican Americans and Puerto Ricans is still half that of non-Hispanics. Even among the youngest age group, 25 to 29 years, only half of the Mexican Americans and Puerto Ricans are finishing high school, compared to 87 percent of the non-Hispanics. One hopeful sign among Mexican Americans and Puerto Ricans 20 to 24 years of age is the increased percentages completing high school. The lowest percentage completing high school is 58 percent for Mexican American females, and the highest is 68 percent for Puerto Rican males. If a high school diploma is the minimal entry certificate for a better job, then simply increasing the amount of schooling to a level less than that is not going to significantly improve the socioeconomic condition of Mexican Americans and Puerto Ricans.

If one considers that more and more jobs are requiring a college diploma, a portrait of socioeconomic attainment based on college graduation is even grimmer. While the percent completing four or more years of college among Mexican Americans and Puerto Ricans nearly doubled between 1970 and 1978, both groups are more than three times less likely than non-Hispanics to have graduated. If one considers only persons 25 to 29 years old, the picture becomes more discouraging for all except Mexican American males (11 percent completion). For Puerto Rican males and females (6 percent and 4 percent college completion, respectively) and Mexican American females (5 percent), all are more than five times less likely than Anglo males (34 percent) to complete college. If the jobs that have greater power to bring about changes benefitting Hispanics require a college diploma, Mexican Americans and Puerto Ricans are again at a disadvantage since, given their lack of credentials, they cannot even get into the competition for such jobs.

As indicated in the Survey of Income and Education, Mexican American males and females and Puerto Rican females 15 to 17 years old are more than two times as likely as Anglo males to be two years behind in school. Puerto Rican males are nearly four times as likely to be behind in school. Within this same age group, Mexican American males and females (11 and 4 percent, respectively) and Puerto Rican females (16 percent) are all more than twice as likely as Anglo males (5 percent) to have stopped attending school. Surprisingly, for reasons that are not clear, Puerto Rican males do not differ from Anglo males in this respect.

What the data do not indicate or measure is the quality of education received by Mexican Americans and Puerto Ricans. These two groups have consistently scored below national averages in reading, verbal, and math skills. If the quality is inferior then this further penalizes them in the job market arena.

Place of birth, whether in the mainland United States or out of it, does show differences in educational achievement within the specific Hispanic ethnic groups. Among persons 14 to 30 years old, those born outside the continental United States are much less likely to be enrolled in school, or be high school graduates. Both enrollment and completion rates are higher for those born on the U.S. mainland.

Employment Status and Occupation

The employment status of Hispanic ethnic groups and the total U.S. population presents a mixed picture. Labor force participation is similar for the different adult male groups, but since 1973 has declined for all men and for Puerto Rican women. Women participate less than men, but labor force participation is similar for all female groups except Puerto Rican women who have the lowest participation rate (27.5 percent). Teenagers' labor force participation is very similar to that of adult women, including less participation by Puerto Rican teenagers than the other teenage groups. Smaller participation by Puerto Rican women and teenagers could be partly a function of a sagging economy in New York City. Cultural factors could also be at work for the Puerto Rican women since Mexican American women with similar fertility and education are much more likely to be in the labor force.

Unemployment is higher for the Hispanic ethnic groups than for the total population, with Puerto Rican males having the highest unemployment among adults. Teenagers have much higher unemployment than adults, with Hispanics having higher unemployment than the total population. High school graduates have lower unemployment rates than non-high school graduates except among Puerto Rican high school graduates.

Puerto Rican men have the longest periods of unemployment. Mexican Americans, especially males, have frequent but shorter periods of unemployment. The overall picture has Puerto Ricans in considerably worse shape than other Hispanic groups or the total population.

Occupationally, Hispanic ethnic groups, especially Mexican Americans and Puerto Ricans, are worse off than the total population. Mexican American and Puerto Rican males are concentrated in blue-collar occupations that, except for craftsmen, are among the lowest paid. Only Cubans compare favorably with the total population, especially among professionals.

Among females, the Hispanic groups are all concentrated in the three lowest paid urban occupations: clerical, operative, and service workers. Mexican American and Puerto Rican women are better represented among professionals than the men; however, the broad occupational category of professionals may hide important differences between females and males since women are more likely to be found in traditional women's professions which have lower pay and more limited mobility opportunities.

Using occupational prestige as a measure of relative standing, we find that in 1970 and 1976 the prestige values of Mexican American and Puerto Rican males and females varied between 76 percent and 87 percent of the average prestige value for Anglo males. Besides less occupational prestige for Mexican Americans and Puerto Ricans, considerable amounts of occupational segregation exist as measured by the percentage of a group who would have to change occupations in order to have the identical occupational distribution of the Anglo male population. For both Mexican American and Puerto Rican males and females, occupational segregation increased between 1970 and 1976. Mexican American males were the least segregated and had the smallest increase between 1970 (36.6) and 1976 (38.2). Females were the most segregated with a segregation index of 75.1 for Mexican Americans and 78.9 for Puerto Ricans. If Mexican American and Puerto Rican females are compared to Anglo females, the evidence of occupational segregation remains. From 1970 to 1976, Mexican American segregation increased from 27.5 to 36.9. Comparable figures for Puerto Ricans were 37.7 and 48.3. Hence, females among the two most disadvantaged Hispanic ethnic groups

suffer from double jeopardy, being penalized for being female and for being Mexican American or Puerto Rican.

Individual and Family Income

The final payoff for the Hispanic ethnic groups is seen in the income they receive from their work. With lower educational and occupational levels, it is not surprising to find that both males and females earn considerably less than non-Hispanics. Even Cubans, who one might expect to earn more than Mexican Americans or Puerto Ricans, do not differ that much, especially in 1977. One possible explanation for the lower than expected income for Cubans is that they work in an enclave economy associated with immigrant-owned firms.

The U.S. Commission on Civil Rights (1978) adjusted the earnings of Mexican Americans and Puerto Ricans, taking into consideration age, education, occupational prestige, weeks worked, hours worked last week, and the average income in the state of residence. The results showed that Puerto Rican males earned on the average 98 percent of Anglo males' average earnings in 1975, which was a marked gain from 85 percent in 1969. Mexican American males and females and Puerto Rican females did not fare so well. Mexican American males went from 79 percent of Anglo income in 1969 to 82 percent in 1975; Mexican American females from 47 to 48 percent; and Puerto Rican females from 55 to 57 percent. The percentages for Puerto Rican females were nearly identical to those for Anglo females. Again, Hispanic females pay a double price for being female and Hispanic.

Another way of considering the position of Mexican Americans and Puerto Ricans relative to Anglo males is to examine earning mobility, defined as the average annual increment in earnings by single years of age for full-time workers aged 20 to 44. We find that Puerto Rican women, in both 1969 and 1976, actually experienced a loss in income. Mexican American women basically experienced no increments. In 1969, their average earning increment by age was 4 percent of the increment for Anglo males, and then dropped to 2 percent in 1976. Females do not climb the income ladder.

Hispanic males did better financially, but are in no way close to the Anglo male. The greatest earning increment was experienced by Mexican American males in 1969 (56 percent of Anglo males' increments), but by 1975, the increment had dropped to 39 percent. Comparable figures for Puerto Rican males were 34 percent in 1969 and 26 percent in 1975. For Hispanic males there are steps up the income ladder, but the gains are much less than they are for Anglo males.

All this translates into lower family income and higher poverty rates for Hispanics. Puerto Ricans were the most disadvantaged in 1975 due to smaller increments in family income between 1969 and 1975. Furthermore, by holding 1977 dollars constant, we find that Puerto Ricans have experienced a serious erosion in buying power. Cubans occupy a better position than Mexican Americans or Puerto Ricans, but remain a considerable distance behind non-Hispanics. This results in a per capita income that varies from 50 percent that of non-Hispanics among Puerto Ricans, to 76 percent of Anglo per capita income among Cubans.

These differences in income obviously affect life choices among Hispanic ethnic groups, especially Puerto Ricans and Mexican Americans, and are reflected in their high poverty rates. Thirty-two percent of Puerto Ricans and 24 percent of Mexican Americans suffer from poverty compared to only 9 percent among the Anglo population. Conditions are much worse for female-headed households where the poverty rates for Puerto Ricans and Mexican Americans are 49 percent and 46 percent respectively. In the case of females, the rates are more than five times higher than for the Anglo population. Unless such problems can be attacked and corrected, many Hispanics, especially Puerto Ricans and Mexican Americans, will continue to be second-class citizens in the United States.

Conclusions

The data that have been presented on Mexican Americans, Puerto Ricans and Cubans have shown the similarities and differences that exist among these three groups and between them and the non-Hispanic population. Significant differences exist, especially between Mexican Americans and Puerto Ricans and the other groups presented (Cubans and non-Hispanics). Data that examine Hispanics as one broad category underestimate the poorer position of Mexican Americans and Puerto Ricans. Furthermore, if one considers the undercount problems affecting these groups, it is possible that their position is even worse than here indicated.

What the future holds is uncertain. 1980 saw an influx of over 120,000 Cubans coming in from Cuba. Apparently more of these are from blue-collar occupations than was previously the case. What impact they will have on the Cuban community and the socioeconomic status of that group is not clear. The United States continues to struggle with the problem of the undocumented Mexican immigrant to this country. This is a problem that will not be easily solved, given the political and economic factors involved between the two countries. Should the flow continue at the pace estimated by many, Mexican Americans will face possible conflicts within their own group at the same time that they become more of a power to be reckoned with, especially in the Southwestern United States. The problems of Puerto Ricans are also far from being solved and involve continued high unemployment in Puerto Rico as well as in the United States, and the clouded future of Puerto Rico's status as a territory of the United States.

What is certain is that the Hispanic ethnic groups will continue to grow in the United States. While a certain cohesiveness exists among all Hispanics, based on a common language and some shared historical experiences, significant differences will continue to be evident. If Hispanics and the dominant society are to deal fairly and realistically with the many problems faced by Hispanics, then these differences must be considered as plans are proposed and programs developed to help solve the problems of Mexican Americans, Puerto Ricans, and Cubans. Only then will different Hispanic ethnic groups have an opportunity to begin to achieve parity with members of the dominant society.

Hispanic Research Center: Research Bulletin

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Stasia Madrigal, Editor, Hispanic Research Center, Fordham University, Thebaud Hall, Bronx, New York 10458
Telephone: (212) 933-2233

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